FORM NLRB-501 (3-21)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
16-CA-294510	4/21/2022	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in		ring.	
	OYER AGAINST WHOM CHARGE IS BROUGHT	71100	
a. Name of Employer  ExxonMobil Corporation, Beaumont Refinery		b. Tel. No. (817) 308-3999	
		c. Cell No.	
		f. Fax. No.	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative		
DO D 2211	Distance A IID Manager	g. e-mail	
P.O. Box 3311 Beaumont, TX 77704	Blake Berend, HR Manager	blake.r.berend@exxonmobil.com	
Beaumont, 1X ///04		h. Number of workers employed 600	
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service		
Refinery	Petorleum Products		
The above-named employer has engaged in and is engage	ging in unfair labor practices within the meaning of section	n 8(a), subsections (1) and	
(list subsections) (5)	of the National Labor I	Relations Act, and these unfair labor	
practices are practices affecting commerce within the mea	aning of the Act, or these unfair labor practices are practi	ces affecting commerce within the	
meaning of the Act and the Postal Reorganization Act.			
2. Basis of the Charge (set forth a clear and concise state	ment of the facts constituting the alleged unfair labor pra	ectices)	
Beginning on or about February 2, 2022, the emplounlawful lockout.			
3. Full name of party filing charge (If labor organization, gi United Steel, Paper & Forestry, Rubber, Manufacti	· ·	rs Int'l Union, AFL-CIO/CLC	
4a. Address (Street and number, city, state, and ZIP code	)	4b. Tel. No.	
		(412) 562-2355	
60 Boulevard of the Allies		4c. Cell No.	
Pittsburgh, PA 15222		(412) 417-9677	
		4d. Fax No.	
		(412) 562-2574	
		4e. e-mail	
		sshapiro@usw.org	
5. Full name of national or international labor organization	of which it is an affiliate or constituent unit (to be filled in	when charge is filed by a labor organization)	
6, DECLA	ARATION	Tel. No.	
I declare that I have read the above	ve charge and that the statements	(412) 562-2355	
are true to the best of m	y knowledge and belief. Sasha Shapiro, Assistant General Counsel	Office, if any, Cell No. (412) 417-9677	
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No. (412) 562-2574	
60 Blvd. of the Allies, Room 807, Pittsbu	rgh, PA 15222	` ,	
Address	rgh, PA 15222 Date April 21, 2022	e-mall sshapiro@usw.org	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942–43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, fallure to supply the information may cause the NLRB to decline to invoke its processes.



# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD



REGION 16 819 Taylor Street, Room 8A24 Fort Worth, TX 76102-6107 Agency Website: www.nlrb.gov Telephone: (817)978-2921 Fax: (817)978-2928 Download NLRB Mobile App

April 22, 2022

SASHA SHAPIRO, ASSISTANT GENERAL COUNSEL
UNITED STEEL, PAPER AND FORESTRY, RUBBER, MANUFACTURING, ENERGY, ALLIED INDUSTRIAL AND SERVICE WORKERS INTERNATIONAL UNION, AFL-CIO/CLC
60 BLVD OF THE ALLIES, RM 807
PITTSBURGH, PA 15222-1209

Re: ExxonMobil Corporation, Beaumont

Refinery

Case 16-CA-294510

#### DEAR MS. SHAPIRO:

The charge that you filed in this case on April 21, 2022 has been docketed as case number 16-CA-294510. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Examiner ZACHARY LONG whose telephone number is (682)703-7791. If this Board agent is not available, you may contact Resident Officer STEVE E. MARTINEZ whose telephone number is (210)417-4062.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701*, *Notice of Appearance*. This form is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a>, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession.

Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence</u>: All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a> or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

TIMOTHY L. WATSON REGIONAL DIRECTOR

Temestleg L. Wit

# Copy of charge only sent to:

DAVID R. JURY, GENERAL COUNSEL UNITED STEEL, PAPER AND FORESTRY, RUBBER, MANUFACTURING, ENERGY, ALLIED INDUSTRIAL AND SERVICE WORKERS INTERNATIONAL UNION, AFL-CIO, CLC UNITED STEELWORKERS LEGAL DEPT 60 BLVD OF THE ALLIES, RM 807 PITTSBURGH, PA 15222-1214



# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

REGION 16 819 Taylor Street, Room 8A24 Fort Worth, TX 76102-6107 Agency Website: www.nlrb.gov Telephone: (817)978-2921 Fax: (817)978-2928 Download NLRB Mobile App

April 22, 2022

BLAKE BEREND, HR MANAGER EXXONMOBIL CORPORATION, BEAUMONT REFINERY PO BOX 3311 BEAUMONT, TX 77704-3311

Re: ExxonMobil Corporation, Beaumont

Refinery

Case 16-CA-294510

### DEAR MR. BEREND:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Examiner ZACHARY LONG whose telephone number is (682)703-7791. If this Board agent is not available, you may contact Resident Officer STEVE E. MARTINEZ whose telephone number is (210)417-4062.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701*, *Notice of Appearance*. This form is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a>, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor requests to limit our use of position statements or evidence. Specifically, any material you submit may be introduced as evidence at a hearing before an administrative law judge regardless of claims of confidentiality. However, certain evidence produced at a hearing may be protected from public disclosure by demonstrated claims of confidentiality.

Further, the Freedom of Information Act may require that we disclose position statements or evidence in closed cases upon request, unless an exemption applies, such as those protecting confidential financial information or personal privacy interests.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence</u>: All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a> or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

TIMOTHY L. WATSON
REGIONAL DIRECTOR

### Enclosures:

- 1. Copy of Charge
- 2. Commerce Questionnaire

FORM NLRB-5081 (3-11)	NATIONAL L	ABOR RELATI	ONS BOARD				
QUESTIONNAIRE ON COMMERCE INFORMATION							
Please read carefully, answer all applicable items, and re	turn to the NLRB O	ffice. If additiona	space is required,	please add a pag	ge and identify item	number.	
CASE NAME				·	CASE NUMBER		
					16-CA-294510		
1. EXACT LEGAL TITLE OF ENTITY (As filed w	vith State and/or s	stated in legal do	cuments forming	entity)			
2. TYPE OF ENTITY							
[] CORPORATION [] LLC [] LLP [	] PARTNERSHII	P [] SOLE P	ROPRIETORSHIP	[ ] OTHE	ER (Specify)		
3. IF A CORPORATION or LLC							
A. STATE OF INCORPORATION	B. NAME, AD	DRESS, AND RI	ELATIONSHIP (e.	g. parent, subsic	liary) OF ALL REI	LATED ENTITIES	
OR FORMATION							
4. IF AN LLC OR ANY TYPE OF PARTNERSHI	P, FULL NAME	AND ADDRESS	OF ALL MEMB	ERS OR PART	ΓNERS		
THE A GOVE BROADLETTOROUGH FULL WAVE	LAND ADDDESS	OF PROPRIET	OB				
5. IF A SOLE PROPRIETORSHIP, FULL NAME	AND ADDRESS	OF PROPRIET	OK				
		0 (D 1 1 1					
6. BRIEFLY DESCRIBE THE NATURE OF YOU	JR OPERATION	S (Products hand	led or manufacture	ed, or nature of s	services performed)	).	
7A. PRINCIPAL LOCATION:		7B. BRANCH	LOCATIONS:				
8. NUMBER OF PEOPLE PRESENTLY EMPLO							
A. TOTAL:			VED IN THIS MA				
9. DURING THE MOST RECENT (Check the app	ropriate box): [ ]	CALENDAR	[ ] 12 MONTHS	or [ ] FISCA	AL YEAR (FY DA YES		<u>)</u>
A. Did you <b>provide services</b> valued in excess of \$50,	000 directly to cus	tomers outside vo	ur State? If no. inc	dicate actual val		NO	
\$		, -	,				
B. If you answered no to 9A, did you <b>provide service</b>				_	ed		
goods valued in excess of \$50,000 from directly ou provided. \$	itside your State?	If no, indicate the	value of any such	services you			
1							
C. If you answered no to 9A and 9B, did you <b>provide</b>	services valued in	excess of \$50,00	0 to public utilities	s, transit systems	S,		
C. If you answered no to 9A and 9B, did you <b>provide</b> newspapers, health care institutions, broadcasting s			-	-			
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$	tations, commercia	al buildings, educ	ational institutions	, or retail concer	rns?		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 directions.	tations, commercia	al buildings, educ	ational institutions	, or retail concer	rns?		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you <b>sell goods</b> valued in excess of \$50,000 dir amount. \$	ectly to customers	al buildings, educ	our State? If less th	or retail concernan \$50,000, ind	rns?		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 directions.	ectly to customers d in excess of \$50	al buildings, educ	ational institutions our State? If less that	an \$50,000, ind	icate who		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000  \$	ectly to customers d in excess of \$50 from directly outs	al buildings, educ located outside y ,000 directly to coide your State?	our State? If less the stomers located in f less than \$50,000	an \$50,000, ind side your State on, indicate amou	icate who nt.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000  \$  F. Did you purchase and receive goods valued in excess of \$50,000 and \$50,	ectly to customers d in excess of \$50 from directly outs	al buildings, educ located outside y ,000 directly to coide your State?	our State? If less the stomers located in f less than \$50,000	an \$50,000, ind side your State on, indicate amou	icate who nt.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000  \$	ectly to customers d in excess of \$50 from directly outs	al buildings, educed located outside y 000 directly to cuide your State?	our State? If less the stomers located in f less than \$50,000 e your State? If le	an \$50,000, ind side your State ), indicate amou	ms? icate who nt.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 fro cess of \$50,000 fro directly outs	al buildings, educe located outside y 000 directly to cuide your State? om directly outside m enterprises when the state of the state o	our State? If less the stomers located in f less than \$50,000 e your State? If le	an \$50,000, ind side your State ), indicate amou	ms? icate who nt.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in the component of the compo	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 fro cess of \$50,000 fro dicate amount. \$2 Services (Check to	al buildings, educe located outside y 1,000 directly to cuide your State? In directly outside on enterprises where largest amounts in the largest amounts and the largest amounts are located by the largest amounts are located by the largest amounts are largest amounts are located by the largest amounts are	our State? If less the stomers located in f less than \$50,000 e your State? If le	an \$50,000, ind side your State on, indicate amou	ms? icate who nt.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in the composition of the composi	ectly to customers ad in excess of \$50 from directly outs cess of \$50,000 from dicate amount. \$ Services (Check to [ ] \$1,000,000 or	located outside y located outs	our State? If less the stomers located in f less than \$50,000 e your State? If le	an \$50,000, ind side your State on, indicate amou	ms? icate who nt.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in the content of th	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 fro cess of \$50,000 fro dicate amount. \$_6 Services (Check t. [ ] \$1,000,000 or nths? If yes, spe	located outside y  1000 directly to cuide your State?  1000 directly outside your enterprises where the largest amount more If less that cify date:	ational institutions our State? If less the astomers located in f less than \$50,000 e your State? If le o received the goo  t): n \$100,000, indica	an \$50,000, ind side your State on, indicate amount.	ms? icate who nt.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000  I. Did you begin operations within the last 12 mo	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 from directly outs cess of \$50,000 from dicate amount. \$_{0}^{2} Services (Check to [] \$1,000,000 or nths? If yes, spee	al buildings, educed located outside y located outside y located outside y located outside your State? In directly outside loom enterprises where largest amount more If less that cify date:	ational institutions our State? If less the astomers located in f less than \$50,000 e your State? If le o received the goo  t): n \$100,000, indica	an \$50,000, ind side your State on, indicate amount.	ms? icate who nt.	AINING?	
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [ ] \$100,000 [ ] \$250,000 [ ] \$500,000  I. Did you begin operations within the last 12 mo  10. ARE YOU A MEMBER OF AN ASSOCIATION  [ ] YES [ ] NO (If yes, name and address of	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 fro cess of \$50,000 fro dicate amount. \$_{C}^{-} Services (Check t. [ ] \$1,000,000 or nths? If yes, spe N OR OTHER El	al buildings, educed located outside y located outside y located outside y located outside your State? It is marked to menterprises where the largest amount more If less that cify date:	our State? If less the stomers located in f less than \$50,000 e your State? If les o received the good to:  n \$100,000, indicate.	an \$50,000, ind side your State on the side y	icate who nt.  LECTIVE BARG	AINING?	
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000  I. Did you begin operations within the last 12 mo  10. ARE YOU A MEMBER OF AN ASSOCIATION [] YES [] NO (If yes, name and address of the property of the propert	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 fro cess of \$50,000 fro dicate amount. \$_6 Services (Check t. [ ] \$1,000,000 or nths? If yes, spe N OR OTHER E. Cassociation or greater	al buildings, educed a buildings, educed outside you outside your State?  om directly outside your enterprises where the largest amount more. If less that cify date:  MPLOYER GRODUP).	bur State? If less the stomers located in f less than \$50,000 e your State? If les o received the goo th:  n \$100,000, indicate that the state is state? If les or received the goo the state? If les or received the goo the state? If les or received the goo the state is state? If les or received the goo the state is state is stated in the state is stated in the state is stated in the stated in	an \$50,000, ind side your State on the side your State on the side your State of the side y	ms? icate who nt.  LECTIVE BARG.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [ ] \$100,000 [ ] \$250,000 [ ] \$500,000  I. Did you begin operations within the last 12 mo  10. ARE YOU A MEMBER OF AN ASSOCIATION  [ ] YES [ ] NO (If yes, name and address of	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 fro cess of \$50,000 fro dicate amount. \$_{C}^{-} Services (Check t. [ ] \$1,000,000 or nths? If yes, spe N OR OTHER El	al buildings, educed a buildings, educed outside you outside your State?  om directly outside your enterprises where the largest amount more. If less that cify date:  MPLOYER GRODUP).	our State? If less the stomers located in f less than \$50,000 e your State? If les o received the good to:  n \$100,000, indicate.	an \$50,000, ind side your State on the side your State on the side your State of the side y	icate who nt.  LECTIVE BARG		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000  I. Did you begin operations within the last 12 mo  10. ARE YOU A MEMBER OF AN ASSOCIATION [] YES [] NO (If yes, name and address of the property of the propert	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 fro cess of \$50,000 fro dicate amount. \$_6 Services (Check t. [ ] \$1,000,000 or nths? If yes, spe N OR OTHER E. Cassociation or greater	al buildings, educed a buildings, educed outside you outside your State?  om directly outside your enterprises where the largest amount more. If less that cify date:  MPLOYER GRODUP).	bur State? If less the stomers located in f less than \$50,000 e your State? If les o received the goo th:  n \$100,000, indicate that the state is state? If les or received the goo the state? If les or received the goo the state? If les or received the goo the state is state? If les or received the goo the state is state is stated in the state is stated in the state is stated in the stated in	an \$50,000, ind side your State on the side your State on the side your State of the side y	ms? icate who nt.  LECTIVE BARG.		
newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dir amount. \$  E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000  I. Did you begin operations within the last 12 mo  10. ARE YOU A MEMBER OF AN ASSOCIATION [] YES [] NO (If yes, name and address of the property of the propert	ectly to customers d in excess of \$50 from directly outs cess of \$50,000 fro cess of \$50,000 fro dicate amount. \$_{\text{Services}}\$ Services (Check t. [] \$1,000,000 or nths? If yes, spe N OR OTHER EL Tassociation or gree EVE FURTHER TITLE	al buildings, educed a buildings, educed outside you of the state?  on directly outside your directly outside your State?  on directly outside your enterprises where the largest amount more. If less that cify date:  MPLOYER GROUDD.	ational institutions our State? If less the astomers located in f less than \$50,000 e your State? If le o received the goo  t): n \$100,000, indica  OUP THAT ENGA  ABOUT YOUR E-MAIL ADDRES	an \$50,000, ind side your State on the side your State on the side your State of the side y	icate who nt.  LECTIVE BARG.  TEL. NUMBE		

# PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

### **UNITED STATES OF AMERICA**

## BEFORE THE NATIONAL LABOR RELATIONS BOARD

<b>EXXONMOBIL</b>	CORPORATION,	<b>BEAUMONT</b>
REFINERY		

**Charged Party** 

and

Case 16-CA-294510

UNITED STEEL, PAPER AND FORESTRY, RUBBER, MANUFACTURING, ENERGY, ALLIED INDUSTRIAL AND SERVICE WORKERS INTERNATIONAL UNION, AFL-CIO/CLC

**Charging Party** 

### AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER

I, the undersigned employee of the National Labor Relations Board, state under oath that on April 22, 2022, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

BLAKE BEREND, HR MANAGER EXXONMOBIL CORPORATION, BEAUMONT REFINERY PO BOX 3311 BEAUMONT, TX 77704-3311

April 22, 2022	Cynthia Davis, Designated Agent of NLRB
Date	Name

Cynthin Daris
Signature